

SECOND REGULAR SESSION

# SENATE BILL NO. 1233

94TH GENERAL ASSEMBLY

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INTRODUCED BY SENATOR SHIELDS.

Read 1st time February 27, 2008, and ordered printed.

TERRY L. SPIELER, Secretary.

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## AN ACT

To repeal sections 190.100, 190.176, 190.200, 190.241, 190.243, and 190.245, RSMo, and to enact in lieu thereof six new sections relating to the designation of qualified hospitals as specified myocardial infarction and stroke centers.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 190.100, 190.176, 190.200, 190.241, 190.243, and  
2 190.245, RSMo, are repealed and six new sections enacted in lieu thereof, to be  
3 known as sections 190.100, 190.176, 190.200, 190.241, 190.243, and 190.245, to  
4 read as follows:

190.100. As used in sections 190.001 to 190.245, the following words and  
2 terms mean:

3 (1) "Advanced life support (ALS)", an advanced level of care as provided  
4 to the adult and pediatric patient such as defined by national curricula, and any  
5 modifications to that curricula specified in rules adopted by the department  
6 pursuant to sections 190.001 to 190.245;

7 (2) "Ambulance", any privately or publicly owned vehicle or craft that is  
8 specially designed, constructed or modified, staffed or equipped for, and is  
9 intended or used, maintained or operated for the transportation of persons who  
10 are sick, injured, wounded or otherwise incapacitated or helpless, or who require  
11 the presence of medical equipment being used on such individuals, but the term  
12 does not include any motor vehicle specially designed, constructed or converted  
13 for the regular transportation of persons who are disabled, handicapped, normally  
14 using a wheelchair, or otherwise not acutely ill, or emergency vehicles used  
15 within airports;

16 (3) "Ambulance service", a person or entity that provides emergency or  
17 nonemergency ambulance transportation and services, or both, in compliance with

**EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.**

18 sections 190.001 to 190.245, and the rules promulgated by the department  
19 pursuant to sections 190.001 to 190.245;

20 (4) "Ambulance service area", a specific geographic area in which an  
21 ambulance service has been authorized to operate;

22 (5) "Basic life support (BLS)", a basic level of care, as provided to the  
23 adult and pediatric patient as defined by national curricula, and any  
24 modifications to that curricula specified in rules adopted by the department  
25 pursuant to sections 190.001 to 190.245;

26 (6) "Council", the state advisory council on emergency medical services;

27 (7) "Department", the department of health and senior services, state of  
28 Missouri;

29 (8) "Director", the director of the department of health and senior services  
30 or the director's duly authorized representative;

31 (9) "Dispatch agency", any person or organization that receives requests  
32 for emergency medical services from the public, by telephone or other means, and  
33 is responsible for dispatching emergency medical services;

34 (10) "Emergency", the sudden and, at the time, unexpected onset of a  
35 health condition that manifests itself by symptoms of sufficient severity that  
36 would lead a prudent layperson, possessing an average knowledge of health and  
37 medicine, to believe that the absence of immediate medical care could result in:

38 (a) Placing the person's health, or with respect to a pregnant woman, the  
39 health of the woman or her unborn child, in significant jeopardy;

40 (b) Serious impairment to a bodily function;

41 (c) Serious dysfunction of any bodily organ or part;

42 (d) Inadequately controlled pain;

43 (11) "Emergency medical dispatcher", a person who receives emergency  
44 calls from the public and has successfully completed an emergency medical  
45 dispatcher course, meeting or exceeding the national curriculum of the United  
46 States Department of Transportation and any modifications to such curricula  
47 specified by the department through rules adopted pursuant to sections 190.001  
48 to 190.245;

49 (12) "Emergency medical response agency", any person that regularly  
50 provides a level of care that includes first response, basic life support or advanced  
51 life support, exclusive of patient transportation;

52 (13) "Emergency medical services for children (EMS-C) system", the  
53 arrangement of personnel, facilities and equipment for effective and coordinated  
54 delivery of pediatric emergency medical services required in prevention and

55 management of incidents which occur as a result of a medical emergency or of an  
56 injury event, natural disaster or similar situation;

57 (14) "Emergency medical services (EMS) system", the arrangement of  
58 personnel, facilities and equipment for the effective and coordinated delivery of  
59 emergency medical services required in prevention and management of incidents  
60 occurring as a result of an illness, injury, natural disaster or similar situation;

61 (15) "Emergency medical technician", a person licensed in emergency  
62 medical care in accordance with standards prescribed by sections 190.001 to  
63 190.245, and by rules adopted by the department pursuant to sections 190.001 to  
64 190.245;

65 (16) "Emergency medical technician-basic" or "EMT-B", a person who has  
66 successfully completed a course of instruction in basic life support as prescribed  
67 by the department and is licensed by the department in accordance with  
68 standards prescribed by sections 190.001 to 190.245 and rules adopted by the  
69 department pursuant to sections 190.001 to 190.245;

70 (17) "Emergency medical technician-intermediate" or "EMT-I", a person  
71 who has successfully completed a course of instruction in certain aspects of  
72 advanced life support care as prescribed by the department and is licensed by the  
73 department in accordance with sections 190.001 to 190.245 and rules and  
74 regulations adopted by the department pursuant to sections 190.001 to 190.245;

75 (18) "Emergency medical technician-paramedic" or "EMT-P", a person who  
76 has successfully completed a course of instruction in advanced life support care  
77 as prescribed by the department and is licensed by the department in accordance  
78 with sections 190.001 to 190.245 and rules adopted by the department pursuant  
79 to sections 190.001 to 190.245;

80 (19) "Emergency services", health care items and services furnished or  
81 required to screen and stabilize an emergency which may include, but shall not  
82 be limited to, health care services that are provided in a licensed hospital's  
83 emergency facility by an appropriate provider or by an ambulance service or  
84 emergency medical response agency;

85 (20) "First responder", a person who has successfully completed an  
86 emergency first response course meeting or exceeding the national curriculum of  
87 the United States Department of Transportation and any modifications to such  
88 curricula specified by the department through rules adopted pursuant to sections  
89 190.001 to 190.245 and who provides emergency medical care through  
90 employment by or in association with an emergency medical response agency;

91 (21) "Health care facility", a hospital, nursing home, physician's office or

92 other fixed location at which medical and health care services are performed;

93 (22) "Hospital", an establishment as defined in the hospital licensing law,  
94 subsection 2 of section 197.020, RSMo, or a hospital operated by the state;

95 (23) "Medical control", supervision provided by or under the direction of  
96 physicians to providers by written or verbal communications;

97 (24) "Medical direction", medical guidance and supervision provided by a  
98 physician to an emergency services provider or emergency medical services  
99 system;

100 (25) "Medical director", a physician licensed pursuant to chapter 334,  
101 RSMo, designated by the ambulance service or emergency medical response  
102 agency and who meets criteria specified by the department by rules pursuant to  
103 sections 190.001 to 190.245;

104 (26) "Memorandum of understanding", an agreement between an  
105 emergency medical response agency or dispatch agency and an ambulance service  
106 or services within whose territory the agency operates, in order to coordinate  
107 emergency medical services;

108 (27) "Patient", an individual who is sick, injured, wounded, diseased, or  
109 otherwise incapacitated or helpless, or dead, excluding deceased individuals being  
110 transported from or between private or public institutions, homes or cemeteries,  
111 and individuals declared dead prior to the time an ambulance is called for  
112 assistance;

113 (28) "Person", as used in these definitions and elsewhere in sections  
114 190.001 to 190.245, any individual, firm, partnership, copartnership, joint  
115 venture, association, cooperative organization, corporation, municipal or private,  
116 and whether organized for profit or not, state, county, political subdivision, state  
117 department, commission, board, bureau or fraternal organization, estate, public  
118 trust, business or common law trust, receiver, assignee for the benefit of creditors,  
119 trustee or trustee in bankruptcy, or any other service user or provider;

120 (29) "Physician", a person licensed as a physician pursuant to chapter 334,  
121 RSMo;

122 (30) "Political subdivision", any municipality, city, county, city not within  
123 a county, ambulance district or fire protection district located in this state which  
124 provides or has authority to provide ambulance service;

125 (31) "Professional organization", any organized group or association with  
126 an ongoing interest regarding emergency medical services. Such groups and  
127 associations could include those representing volunteers, labor, management,  
128 firefighters, EMT-B's, nurses, EMT-P's, physicians, communications specialists

129 and instructors. Organizations could also represent the interests of ground  
130 ambulance services, air ambulance services, fire service organizations, law  
131 enforcement, hospitals, trauma centers, communication centers, pediatric  
132 services, labor unions and poison control services;

133 (32) "Proof of financial responsibility", proof of ability to respond to  
134 damages for liability, on account of accidents occurring subsequent to the effective  
135 date of such proof, arising out of the ownership, maintenance or use of a motor  
136 vehicle in the financial amount set in rules promulgated by the department, but  
137 in no event less than the statutory minimum required for motor vehicles. Proof  
138 of financial responsibility shall be used as proof of self-insurance;

139 (33) "Protocol", a predetermined, written medical care guideline, which  
140 may include standing orders;

141 (34) "Regional EMS advisory committee", a committee formed within an  
142 emergency medical services (EMS) region to advise ambulance services, the state  
143 advisory council on EMS and the department;

144 (35) "Specialty care transportation", the transportation of a patient  
145 requiring the services of an emergency medical technician-paramedic who has  
146 received additional training beyond the training prescribed by the  
147 department. Specialty care transportation services shall be defined in writing in  
148 the appropriate local protocols for ground and air ambulance services and  
149 approved by the local physician medical director. The protocols shall be  
150 maintained by the local ambulance service and shall define the additional  
151 training required of the emergency medical technician-paramedic;

152 (36) "Stabilize", with respect to an emergency, the provision of such  
153 medical treatment as may be necessary to attempt to assure within reasonable  
154 medical probability that no material deterioration of an individual's medical  
155 condition is likely to result from or occur during ambulance transportation unless  
156 the likely benefits of such transportation outweigh the risks;

157 (37) "State advisory council on emergency medical services", a committee  
158 formed to advise the department on policy affecting emergency medical service  
159 throughout the state;

160 (38) "State EMS medical directors advisory committee", a subcommittee  
161 of the state advisory council on emergency medical services formed to advise the  
162 state advisory council on emergency medical services and the department on  
163 medical issues;

164 (39) "STEMI" or "ST-elevation myocardial infarction", a type of  
165 heart attack in which impaired blood flow to the patient's heart muscle

166 is evidenced by ST-segment elevation in electrocardiogram analysis,  
167 and as further defined in rules promulgated by the department  
168 pursuant to sections 190.001 to 190.250;

169 (40) "STEMI center", a hospital that is currently designated as  
170 such by the department to care for patients with ST-segment elevation  
171 myocardial infarctions;

172 (41) "STEMI care", includes education and prevention, emergency  
173 transport, triage, and acute care and rehabilitative services for STEMI  
174 that requires immediate medical or surgical intervention or treatment;

175 (42) "Stroke", a condition of impaired blood flow to a patient's  
176 brain as defined by the department;

177 (43) "Stroke care", includes education and prevention, emergency  
178 transport, triage, acute care, and rehabilitative services for a stroke  
179 that potentially requires immediate medical or surgical intervention or  
180 treatment;

181 (44) "Stroke center", a hospital that is currently designated as  
182 such by the department;

183 [(39)] (45) "Trauma", an injury to human tissues and organs resulting  
184 from the transfer of energy from the environment;

185 [(40)] (46) "Trauma care" includes injury prevention, **education**, triage,  
186 acute care and rehabilitative services for major single system or multisystem  
187 injuries that potentially require immediate medical or surgical intervention or  
188 treatment;

189 [(41)] (47) "Trauma center", a hospital that is currently designated as  
190 such by the department.

190.176. 1. The department shall develop and administer a uniform data  
2 collection system on all ambulance and injured patients, pursuant to rules  
3 promulgated by the department for the purpose of injury etiology, patient care  
4 outcome, injury **and disease** prevention and research purposes. The department  
5 shall not require disclosure by hospitals of data elements pursuant to this section  
6 unless those data elements are required by a federal agency or were submitted  
7 to the department as of January 1, 1998, pursuant to:

8 (1) Departmental regulation of trauma centers; or

9 (2) The Missouri head and spinal cord injury registry established by  
10 sections 192.735 to 192.745, RSMo; or

11 (3) Abstracts of inpatient hospital data; or

12 (4) If such data elements are requested by a lawful subpoena or subpoena

13 duces tecum.

14           2. All information and documents in any civil action, otherwise  
15 discoverable, may be obtained from any person or entity providing information  
16 pursuant to the provisions of sections 190.001 to 190.245.

190.200. 1. The department of health and senior services in cooperation  
2 with local and regional EMS systems and agencies may provide public and  
3 professional information and education programs related to emergency medical  
4 services systems including trauma, **STEMI, and stroke** systems and emergency  
5 medical care and treatment. The department of health and senior services may  
6 also provide public information and education programs for informing residents  
7 of and visitors to the state of the availability and proper use of emergency  
8 medical services, of the value and nature of programs to involve citizens in the  
9 administering of prehospital emergency care, including cardiopulmonary  
10 resuscitation, and of the availability of training programs in emergency care for  
11 members of the general public.

12           **2. The department shall, for STEMI care and stroke care,**  
13 **respectively:**

14           **(1) Compile and assess peer-reviewed and evidence-based clinical**  
15 **research and guidelines that provide or support recommended**  
16 **treatment standards;**

17           **(2) Assess the capacity of the emergency medical services system**  
18 **and hospitals to deliver recommended treatments in a timely fashion;**

19           **(3) Use the research, guidelines, and assessment to promulgate**  
20 **regulations establishing protocols for transporting STEMI patients to**  
21 **a STEMI center or stroke patients to a stroke center. Such transport**  
22 **protocols shall direct patients to STEMI centers and stroke centers**  
23 **pursuant to section 190.243 based on the centers' capacities to deliver**  
24 **recommended acute care treatments within time limits suggested by**  
25 **clinical research;**

26           **(4) Define regions within the state for purposes of coordinating**  
27 **the delivery of STEMI care and stroke care, respectively;**

28           **(5) Promote the development of regional or community-based**  
29 **plans for transporting STEMI or stroke patients via ground or air**  
30 **ambulance to STEMI centers or stroke centers, respectively, in**  
31 **accordance with section 190.243; and**

32           **(6) Establish procedures for the submission of community-based**  
33 **or regional plans for department approval.**

34           **3. A community-based or regional plan shall be submitted to the**  
35 **department for approval. A community-based or regional plan shall be**  
36 **based on the clinical research and guidelines and assessment of**  
37 **capacity described in subsection 1 of this section and shall include a**  
38 **mechanism for evaluating its effect on medical outcomes. Upon its**  
39 **approval of a community or regional plan, the department shall waive**  
40 **the requirements of regulations promulgated under sections 190.100 to**  
41 **190.245 that are inconsistent with the community or regional plan. A**  
42 **regional or community-based plan shall be developed by or in**  
43 **consultation with representatives of hospitals, physicians, and**  
44 **emergency medical services providers in the community or region.**

190.241. 1. The department shall designate a hospital as an adult,  
2 pediatric or adult and pediatric trauma center when a hospital, upon proper  
3 application submitted by the hospital and site review, has been found by the  
4 department to meet the applicable level of trauma center criteria for designation  
5 in accordance with rules adopted by the department as **prescribed by section**  
6 **190.185.**

7           **2. The department shall designate a hospital as a STEMI, stroke**  
8 **center, or as a STEMI and stroke center, when that hospital, upon**  
9 **proper application and site review, has been found by the department**  
10 **to meet the applicable level of STEMI or stroke center criteria for**  
11 **designation in accordance with rules adopted by the department as**  
12 **prescribed by section 190.185. In developing STEMI center and stroke**  
13 **center designation criteria, the department shall use, as it deems**  
14 **practicable, appropriate peer-reviewed or evidence-based research on**  
15 **such topics including, but not limited to, the most recent guidelines of**  
16 **the American College of Cardiology and American Heart Association for**  
17 **STEMI centers, or the Joint Commission's Primary Stroke Center**  
18 **Certification program criteria for stroke centers.**

19           **3. The department of health and senior services shall, not less than once**  
20 **every five years, conduct an on-site review of every trauma, STEMI, stroke, or**  
21 **a STEMI and stroke center through appropriate department personnel or a**  
22 **qualified contractor. On-site reviews shall be coordinated for the different**  
23 **types of centers to the extent practicable with hospital licensure**  
24 **inspections conducted pursuant to chapter 197, RSMo. No person shall**  
25 **be a qualified contractor for purposes of this subsection who has a substantial**  
26 **conflict of interest in the operation of any trauma, STEMI, stroke, or a STEMI**

27 **and stroke** center under review. The department may deny, place on probation,  
28 suspend or revoke [a trauma center] **such** designation in any case in which it has  
29 reasonable cause to believe that there has been a substantial failure to comply  
30 with the provisions of this chapter or any rules or regulations promulgated  
31 pursuant to this chapter. If the department of health and senior services has  
32 reasonable cause to believe that a hospital is not in compliance with such  
33 provisions or regulations, it may conduct additional announced or unannounced  
34 site reviews of the hospital to verify compliance. If a trauma, **STEMI, stroke,**  
35 **or a STEMI and stroke** center fails two consecutive on-site reviews because of  
36 substantial noncompliance with standards prescribed by sections 190.001 to  
37 190.245 or rules adopted by the department pursuant to sections 190.001 to  
38 190.245, its trauma center designation shall be revoked.

39 [3.] 4. The department of health and senior services may establish  
40 appropriate fees to offset the costs of trauma, **STEMI, stroke, or a STEMI and**  
41 **stroke** center reviews.

42 [4.] 5. No hospital shall hold itself out to the public as [an adult,  
43 pediatric or adult and pediatric trauma center] **a STEMI center, stroke**  
44 **center, STEMI and stroke center, adult trauma center, pediatric trauma**  
45 **center, or an adult and pediatric trauma center** unless it is designated as  
46 such by the department of health and senior services.

47 [5.] 6. Any person aggrieved by an action of the department of health and  
48 senior services affecting the trauma, **STEMI, stroke, or a STEMI and stroke**  
49 center designation pursuant to this chapter, including the revocation, the  
50 suspension, or the granting of, refusal to grant, or failure to renew a designation,  
51 may seek a determination thereon by the administrative hearing commission  
52 pursuant to the provisions of chapter [536] **621**, RSMo. It shall not be a  
53 condition to such determination that the person aggrieved seek a reconsideration,  
54 a rehearing, or exhaust any other procedure within the department.

190.243. 1. Severely injured patients shall be transported to a trauma  
2 center. **Patients who suffer a STEMI as defined in section 190.100 shall**  
3 **be transported to a STEMI center. Patients who suffer stroke as**  
4 **defined in section 190.100 shall be transported to a stroke center.**

5 2. A physician or registered nurse authorized by a physician who has  
6 established verbal communication with ambulance personnel shall instruct the  
7 ambulance personnel to transport a severely **ill or** injured patient to the closest  
8 hospital or designated trauma, **STEMI, stroke, or a STEMI and stroke** center,  
9 as determined according to estimated transport time whether by ground

10 ambulance or air ambulance, in accordance with transport protocol approved by  
11 the medical director and the department of health and senior services, even when  
12 the hospital is located outside of the ambulance service's primary service  
13 area. When initial transport from the scene of **illness or** injury to a trauma,  
14 **STEMI, or stroke** center would be prolonged, the severely injured patient may  
15 be transported to the nearest appropriate facility for stabilization prior to  
16 transport to a trauma, **STEMI, or stroke** center.

17 [2.] **3.** Transport of the **STEMI, stroke, or** severely injured patient shall  
18 be governed by principles of timely and medically appropriate care; consideration  
19 of reimbursement mechanisms shall not supersede those principles.

20 [3.] **4.** Patients who [are not severely injured] **do not meet the criteria**  
21 **for direct transport to a trauma center, STEMI center, or stroke center**  
22 shall be transported to and cared for at the hospital of their choice so long as  
23 such ambulance service is not in violation of local protocols.

190.245. The department shall require hospitals, as defined by chapter  
2 197, RSMo, designated as trauma, **STEMI, stroke, or a STEMI and stroke**  
3 centers to provide for a peer review system, approved by the department, for  
4 trauma, **STEMI, and stroke** cases, **respective to their designation,**  
5 pursuant to the provisions of section 537.035, RSMo. For purposes of sections  
6 190.241 to 190.245, the department of health and senior services shall have the  
7 same powers and authority of a health care licensing board pursuant to  
8 subsection 6 of section 537.035, RSMo. Failure of a hospital to provide all  
9 medical records necessary for the department to implement provisions of sections  
10 190.241 to 190.245 shall result in the revocation of the hospital's designation as  
11 a trauma, **STEMI, stroke, or a STEMI and stroke** center. Any medical  
12 records obtained by the department or peer review committees shall be used only  
13 for purposes of implementing the provisions of sections 190.241 to 190.245 and  
14 the names of hospitals, physicians and patients shall not be released by the  
15 department or members of review committees.

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